MAY 0 1 2008

PTO/SB/21 (01-08) Approved for use through 04/30/2008. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE \$ TRADEMA perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/829.148 Filing Date TRANSMITTAL 4/20/2004 First Named Inventor **FORM** Roger J. Malik Art Unit 1763 **Examiner Name** Richard R. Bueker (to be used for all correspondence after initial filing) Attorney Docket Number 690-002 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC |√| Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ✓ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request Request for Continued Examination Request for Refund **Express Abandonment Request** Return Receipt Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Ward & Olivo Signature Printed name David M. Hill Date Reg. No. 46,170 4-28-08 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete on complete dapplication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1175.00

PTO/SB/17 (10-07)

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Effective on 12/08/2004.  FEE TRANSMITTAL For FY 2008  Figure Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FOR FY 2008  Filing Date Filing Date First Named Inventor Roger J. Malik Examiner Name Richard R. Beuker Art Unit 1763 Attomey Docket No. 690-002  METHOD OF PAYMENT (\$) 1175.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: Ward & Olivo  For the above identified deposit account the Director is brophy authorized to: (shock all that apply)						
Filing Date 4/20/2004 First Named Inventor Roger J. Malik  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1175.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0420  Deposit Account Name: Ward & Olivo						
FOR FY 2008  First Named Inventor Roger J. Malik  Examiner Name Richard R. Beuker  Art Unit 1763  TOTAL AMOUNT OF PAYMENT (\$) 1175.00 Attomey Docket No. 690-002  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: Ward & Olivo						
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1175.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0420  Deposit Account Name: Ward & Olivo						
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 1763  Attomey Docket No. 690-002  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: Ward & Olivo						
TOTAL AMOUNT OF PAYMENT (\$) 1175.00 Attorney Docket No. 690-002  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: Ward & Olivo						
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For the above identified denosit account, the Director is berefy authorized to: (check all that apply)	Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: Ward & Olivo					
To the above-identified deposit account, the Director is hereby authorized to. (Check all that apply)	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
under 37 CFR 1.16 and 1.17						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION	•					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entity Small Entity	,					
Small Entity Small Entity Small Entity  Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)	<u>\$)</u>					
Utility 310 155 510 255 210 105						
Design 210 105 100 50 130 65						
Plant 210 105 310 155 160 80	_					
Reissue 310 155 510 255 620 310						
Provisional 210 105 0 0 0						
2. EXCESS CLAIM FEES Small Entity						
Fee Description Each claim over 20 (including Reissues)  Fee (\$)  50  25						
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105						
Multiple dependent claims 370 185						
Total Claims						
- 20 or HP = x = Fee (\$) Fee Paid (\$)						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	_					
3 or HP = x =	HP = highest number of independent claims paid for, if greater than 3.					
HP = highest number of independent claims paid for, if greater than 3.						
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional						
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	50					

SUBMITTED BY	1 1.00		
Signature	Lail Sall	Registration No. (Attorney/Agent) 46,170	Telephone (212) 697-6262
Name (Print/Type)	David M. Hill		Date 4-28-08

Other (e.g., late filing surcharge): RCE and Petition of Revival for Unintentional Abandonment

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